

NOTICE OF GRANT AWARD – CIRM RFA-10-02: Tools and Technology Awards II California Institute for Regenerative Medicine

Issue Date: April 15, 2010

Grant Number: EXP-00000

Grantee Name: University of Stem Cells

Budget Period: Annual as of
5/1/2011

Grantee ID:

Principal Investigator: Dr. Scientist

Project Title: Stem Cell Project

Project Period Start: 5/1/2010

Project Period End: 4/30/2013

Authorized Organizational Official and Address: Official and Address to Receive Payments:
Sponsored Projects Director Cashier's Office
1234 Anywhere Road 1234 Anywhere Road
Your Town, CA Your Town, CA

The California Institute for Regenerative Medicine (CIRM) hereby awards a grant in the amount of **\$2,538,656** to be disbursed over a total period of 3 years to **University of Stem Cells** in support of the above referenced project. This award is pursuant to the California Stem Cell Research and Cures Act (Health and Safety Code section 125290.10 *et. seq.*) and is subject to terms and conditions referenced below. (Capitalized terms are defined in the *CIRM Grants Administration Policy for Academic and Non-Profit Institutions* (GAP), a copy of which may be found on the CIRM website at: http://www.cirm.ca.gov/files/Regulations/NPGAP_042809a.pdf.)

In accepting this Grant, the Grantee warrants to CIRM that any funds expended under the Award will be for the purposes set forth in the approved Application and agrees to comply with all applicable CIRM regulations and standards.

To accept this Grant, the Principal Investigator and Authorized Organizational Official must sign and return this Notice of Grant Award (NGA) to CIRM within 45 days of the issue date. Payment will be issued only after the fully signed NGA is received by CIRM. Grant funds will be sent to the organization's address listed above under *Official and Address to Receive Payments* unless an updated address is provided in the box below. If the Applicant cannot accept the award, including the legal obligation to perform in accordance with the provisions of this NGA, it should notify CIRM immediately.

If you have any questions about this award, please contact the CIRM staff referenced on page 2.

Updated Address to Receive Payments:

Patricia Olson, Ph.D.
Executive Director of Scientific Activities
California Institute for Regenerative Medicine

AWARD ACCEPTANCE: The Principal Investigator and Authorized Organizational Official must sign below and return the entire NGA to CIRM to accept the Grant award.

	Principal Investigator	Authorized Organizational Official
Name	Dr. Scientist	Sponsored Projects Director
Signature		
Date		

AWARD DATA:

AWARD DETAIL (U.S. Dollars):

	Year 1	Year 2	Year 3
<u>Direct Project Costs</u>			
Personnel (Non -Trainee) Costs	\$200,000	\$200,000	\$200,000
Trainee Costs	\$50,000	\$50,000	\$50,000
Travel	\$4,000	\$4,000	\$4,000
Supplies	\$250,000	\$250,000	\$250,000
Equipment	\$35,000	\$0	\$0
Consultants/Subcontracts	\$15,000	\$15,000	\$15,000
Total Project Costs	\$619,000	\$519,000	\$519,000
<u>Facilities Costs</u>			
Facilities Costs	\$176,460	\$176,460	\$176,460
<u>Indirect Costs</u>			
Indirect Costs	\$139,092	\$139,092	\$139,092
APPROVED BUDGET TOTAL	\$869,552	\$834,552	\$834,552

QUARTERLY INSTALLMENTS ON GRANT PAYMENTS

Payments will be made in quarterly installments, issued at the beginning of each quarter. Quarters will be tied to the project start date. The final quarterly installment will be held until completion of Close-Out.

***Any interest accrued by the Grantee from the Grant payment must be used for the CIRM Tools and Technology II Program.**

PROGRESS REPORTS SCHEDULE



CIRM Prior Approval Request Form

Grant Information

Please use the drop-down lists below to select the RFA and Grant number for which you are submitting this request. If you do not find the item within the drop down you can manually enter the information into any of the fields.

RFA # 10-02: Tools and Technology II

Grant # EXP-00000

Institution: University of Stem Cells

Current PI: Dr. Scientist

Requested Change Type

Select one or more of the following modifications that you are requesting. Detailed instructions will appear once a selection is made. Please refer to the CIRM grants administration policy

(http://www.cirm.ca.gov/Grants_Management) for complete details.

- ☐ Change in Scope
- ☐ Carry Forward of Funds
- ☐ Extension of Project Period
- ☒ Rebudgeting

Please refer to the CIRM Grants Administration Policy for specific rebudgeting that requires Prior Approval (http://www.cirm.ca.gov/Grants_Management).

- ☐ Change in Planned Equipment Procurement
- ☐ Relinquishment of Award
- ☐ Transfer of Award
- ☐ Change in PI/PD, change in PI/PD status, or decrease in PI/PD percent effort by 25% or more
- ☐ Change in Sponsor or Mentor (Training Grants Only)
- ☐ Change In Individual Trainee Training Period (Training Grants Only)
- ☐ Other

Budget Year:

Please indicate the budget years to which the Prior Approval Request will apply:

Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	NCE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Requests for carry forward must be applied to the subsequent budget year e.g. unobligated funds in Budget Year 1 must be applied to Budget Year 2.





CIRM Prior Approval Request Form

This table is not for use for the following RFAs: RFA 07-01, RFA 08-04, RFA 08-06, or RFA 09-01

RFA 10-02: Tools and Technology II - Year 1

Budget Year <input type="text" value="1"/>	NGA or CIRM Approved Working Budget	Budget Adjustment (Excluding Carry Forward)	Percent Change	Proposed Budget Revision
Personnel (non-trainee) Cost	\$200,000	\$- 10,000	-4%	\$190,000
Trainee Costs	\$ 50,000	\$ 000		\$ 50,000
Travel	\$ 4,000	\$ 000	0%	\$ 4,000
Supplies	\$250,000	\$ 000	0%	\$250,000
Equipment	\$ 35,000	\$ 10,000	29%	\$ 45,000
Consultants / Subcontracts	\$ 15,000	\$ 000	0%	\$ 15,000
Year 1 Total Direct Costs	\$554,000	\$ 000		\$554,000

Change Description

Please provide a detailed description and justification for the Prior Approval Request. For budget changes, clearly indicate i) why extra funds are necessary in the budget category, ii) how does the change benefit the project, and iii) list the estimated value of any planned equipment purchases.

We request to rebudget \$10,000 from Personnel to Equipment in year one of our project. Our personnel costs were less than expected due to a 3 month delay in hiring of our SRA. The cost of the cell counter proposed in our original application has increased by \$10,000.

The late hiring of the SRA was due to the difficulty of finding a qualified applicant, but the project is now on track and we do not anticipate any impact on the scientific progress of the experiments going forward. As originally proposed, the cell counter is a vital piece of equipment for conducting the aims of this project.

Please consider our rebudgeting request, thank you.



**California Institute for Regenerative Medicine
Award Budget Worksheet**

9/8/2011

RFA-nnnnn/PI/Institution

Budget Adjustments

Note 1:

Note 2:

Note 3:

	Year 1					Year 2	Year 3	Total
	Original Approved Budget	Grant Adj	Final Approved Budget	Expenditure Report	Carry Forward	Original Approved Budget	Original Approved Budget	Total Approved Budget
Budget Categories								
Personnel Costs (non-trainee)	\$ 200,000	\$ (10,000)	\$ 190,000	\$ 178,000	\$ 12,000	\$ 200,000	\$ 200,000	\$ 590,000
Trainee Costs	\$ 50,000		\$ 50,000	\$ 51,549	\$ (1,549)	\$ 50,000	\$ 50,000	\$ 150,000
Travel	\$ 4,000		\$ 4,000	\$ 3,900	\$ 100	\$ 4,000	\$ 4,000	\$ 12,000
Supplies	\$ 250,000		\$ 250,000	\$ 248,799	\$ 1,201	\$ 250,000	\$ 250,000	\$ 750,000
Equipment	\$ 35,000	\$ 10,000	\$ 45,000	\$ 110,000	\$ (65,000)	\$ -	\$ -	\$ 45,000
Total Consultants/Subcontracts	\$ 15,000		\$ 15,000	\$ 15,000	\$ -	\$ 15,000	\$ 15,000	\$ 45,000
Total Project Costs								
Total Project Costs	\$ 554,000	\$ -	\$ 554,000	\$ 607,248	\$ (53,248)	\$ 519,000	\$ 519,000	\$ 1,592,000
Excluded Expenses								
Total Consultants/Subcontracts	\$ -	\$ -	\$ -			\$ -	\$ -	
Equipment	\$ 35,000	\$ 10,000	\$ 45,000			\$ -	\$ -	
Total Req Trainee Annual Tuition & Fees			\$ -					
Adjusted Project Costs								
Adjusted Project Costs	\$ 519,000		\$ 509,000			\$ 519,000	\$ 519,000	
Facilities Category A								
Rate for Operation/Maintenance Expenses	16.00%		16.00%			16.00%	16.00%	
Rate for Library Expenses	3.00%		3.00%			3.00%	3.00%	
Sum of Category A Rates	19.00%		19.00%			19.00%	19.00%	
Category A Costs Requested	\$ 98,610		\$ 96,710			\$ 98,610	\$ 98,610	\$ 293,930
Facilities Category B								
Rate for Depreciation or Use Allowances	12.00%		12.00%			12.00%	12.00%	
Rate for Interest on Capital Debt	3.00%		3.00%			3.00%	3.00%	
Sum of Category B(1) Rates	15.00%		15.00%			15.00%	15.00%	
Category B(1) Costs Requested	\$ 77,850		\$ 76,350			\$ 77,850	\$ 77,850	\$ 232,050
Facilities Costs								
Facilities Costs	\$ 176,460	\$ (3,400)	\$ 173,060	\$ 173,026	\$ 34	\$ 176,460	\$ 176,460	\$ 525,980
Indirect Costs								
Sum Adj. Proj.Cost and Facilities Costs	\$ 695,460		\$ 682,060			\$ 695,460	\$ 695,460	\$ 2,072,980
Indirect Cost Rate	20%		20%			20%	20%	20%
Indirect Costs	\$ 139,092	\$ (2,680)	\$ 136,412	\$ 136,385	\$ 27	\$ 139,092	\$ 139,092	\$ 414,596
Budget Total								
Budget Total	\$ 869,552		\$ 863,472	\$ 916,659	\$ (53,187)	\$ 834,552	\$ 834,552	\$ 2,532,576

AMENDMENT TO NOTICE OF GRANT AWARD – (RFA 10-02) Tools and Technology Awards II
California Institute for Regenerative Medicine

Amendment Number: 1

Amendment Date: June 5, 2011

Grant Number:	EXP-00000	Grantee ID:	
Grantee Name:	University of Stem Cells	Project Period Start:	5/1/2010
Principal Investigator or	Dr. Scientist	Project Period End:	04/30/2013
Program Director:			
Project Title:	Stem Cell Project	Total Award Amount:	\$2,532,576

Authorized Organizational Official and Address:	Official and Address to Receive Payments:
Sponsored Projects Director	Cashier
1234 Anywhere Road	1234 Anywhere Road
Your Town, CA	Your Town, CA

This Amendment responds to the Prior Approval Request dated and/or received by CIRM on June 1, 2011. The terms and conditions of the original NGA and any prior Amendments to the NGA continue in full force and effect except as specified below. The following changes are effective immediately.

A. Rebudgeting & Payments

- I. **Total Award is reduced by \$6,080 from \$2,538,656 to \$2,532,576.** Moved \$10,000 in YR1 Personnel costs into YR1 Equipment. The increase in Excluded costs resulted in a reduction of F&A. See detail below.

	Year 1 - Revised	Year 2	Year 3
<u>Direct Project Costs</u>			
Personnel (Non -Trainee) Costs	\$190,000	\$200,000	\$200,000
Trainee Costs	\$50,000	\$50,000	\$50,000
Travel	\$4,000	\$4,000	\$4,000
Supplies	\$250,000	\$250,000	\$250,000
Equipment	\$45,000	\$0	\$0
Consultants/Subcontracts	\$15,000	\$15,000	\$15,000
Total Project Costs	\$554,000	\$519,000	\$519,000
<u>Facilities Costs</u>			
Facilities Costs	\$173,060	\$176,460	\$176,460
<u>Indirect Costs</u>			
Indirect Costs	\$136,412	\$139,092	\$139,092
APPROVED BUDGET TOTAL	\$863,472	\$834,552	\$834,552

- II. The next scheduled payment will be reduced by \$6,080.

By continuing to accept and use CIRM funds provided under this award, Grantee and Principal Investigator accept the modified terms reflected in this Amendment.

Patricia Olson, Ph.D.
 Executive Director of Scientific Activities

California Institute for Regenerative Medicine REVISED - ANNUAL FINANCIAL REPORT				
CIRM Grant Number: EXP-00000		Institution: University of Stem Cells		
Reporting Period: 5/1/2010-4/30/2011		PI : Scientist		
Note: All yellow fields are calculated values. Do not enter a value in the field.				
I. Working Budget for Reporting Period				
	A	B	C	D (A+B+C)
BUDGET CATEGORIES	Approved Budget for Reporting Period	Carry Forward from Prior Reporting Period	Changes to Budget for Reporting Period	Working Budget for Reporting Period
Personnel/Trainee Costs	\$250,000		(\$10,000)	\$240,000
Travel	\$4,000			\$4,000
Supplies	\$250,000			\$250,000
Equipment	\$35,000		\$10,000	\$45,000
Consultants/Subcontracts	\$15,000			\$15,000
Facilities Costs	\$176,460		(\$3,400)	\$173,060
Indirect Costs	\$139,092		(\$2,680)	\$136,412
TOTAL	\$869,552	\$0	-\$6,080	\$863,472
II. Report on Expenditures in Reporting Period				
	D	E	F (D-F)	
BUDGET CATEGORIES	Working Budget	Actual Expenditures	Total Carry Forward / Unobligated Balance	
Personnel/Trainee Costs	\$240,000	\$229,549	\$10,451	
Travel	\$4,000	\$3,900	\$100	
Supplies	\$250,000	\$248,799	\$1,201	
Equipment	\$45,000	\$44,552	\$448	
Consultants/Subcontracts	\$15,000	\$15,000	\$0	
Facilities Costs	\$173,060	\$173,026	\$34	
Indirect Costs	\$136,412	\$136,385	\$27	
TOTAL	\$863,472	\$851,211	\$12,261	
Unobligated Balance as Percent of Budget:			1%	
<p>If unobligated balance is > 25%, submit Prior Approval Request Form to CIRM.</p>				
<p>ANY UNOBLIGATED BALANCE REPORTED IN THE FINAL BUDGET PERIOD MUST BE RETURNED TO CIRM AS FUNDS NOT EXPENDED AGAINST THIS AWARD.</p>				
CERTIFICATION				
I certify that this report is true and correct and all expenditures reported herein have been made in accordance with the terms and conditions of this grant, that to the extent interest was earned in the reporting period, it was reinvested in this particular CIRM grant program, and that all expenditures reported herein are properly reflected in the grantee's accounting records.				
AOO NAME		AOO EMAIL		
AOO SIGNATURE				Date